



HIPAA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. The effective date of this notice is April 1, 2015. If you have any questions about this notice, please contact Dr. Nicolas Cuttriss at 202.740.8597. This notice describes the privacy practices at the offices of ENDO Diabetes & Wellness.

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding your health information; and
- Follow the terms of the notice currently in effect.

Our Responsibilities We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. This notice serves as the description of our privacy practices followed by our employees, staff and other personnel. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will attempt to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.

Uses and Disclosures: The following categories describe examples of the way we use and disclose medical information (the following is a list of examples only, and not meant as a complete and exhaustive list of possible disclosures of medical information, subject to the terms and conditions of this notice):

For Treatment We may use medical information about you to provide you treatment or services. We may disclose medical information about you to nurses, technicians, and medical students, other physicians, and/or hospital personnel who are involved in your care. For example: a specialist treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also provide other healthcare providers with copies of various reports that should assist him or her in treating you.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company (or to obtain reimbursement on your behalf) or a third party payer. For example, we may need to give your insurance company information about your care and treatment you have been prescribed to determine whether your plan will cover such care and treatment.

For Health Care Operations ENDO Diabetes & Wellness may use information in your health record to assess the care and outcomes in your case other cases similar to your medical case. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other practices or hospitals to see where we can make improvements. We will remove information that personally identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information to Business Associates (as further described below), we have contracted with to perform the agreed upon service and billing for such service; to remind you that you have an appointment for medical care; to assess your satisfaction with our services; to tell you about possible treatment alternatives; to tell you about health-related benefits or services; to inform funeral directors consistent with applicable law; for population based activities relating to improving health or reducing health care costs and for conducting training programs or reviewing competence of health care professionals.

Business Associates There are some services provided in our organization through contracts with third-party business associates. Examples include services for radiology, laboratory testing, and transcription services. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or your third-party payers for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information in accordance with applicable law.

Directory If you are admitted to a hospital, certain limited information about you may be included in the hospital directory while you are a patient at a hospital. This information may include your name, location in the hospital, your general condition (e.g. fair, stable, etc.) and your religious affiliation. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or Facility Privacy Official.

Individuals Involved in Your Care or Payment for Your Care We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research We may disclose information to researchers after an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information and approved their research.

Future Communications We may communicate to you via newsletters, mail outs or other means regarding general treatment options, general health related information, disease-management programs, wellness programs, or other community-based initiatives or activities our practice is participating in.

Organized Health Care Arrangement This practice is presenting this document as a notice required by law. Information will be shared within the practice as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect current treatment. Caregivers at affiliated facilities or practices may have access to your protected health information at their locations to assist in reviewing past treatment information as it may affect current treatment. Please contact the respective facility or this practice's Privacy Official for further information on the specific site locations included as affiliated facilities.

As Required by Law We may also use and disclose health information to the following types of entities, including but not limited to: the Food and Drug Administration; public health or legal authorities charged with preventing or controlling disease, injury or disability; correctional institutions; workers' compensation agents; organ and tissue donation organizations; military command authorities; health oversight agencies; funeral directors, coroners and medical directors; national security and intelligence agencies; protective services for the President and other similar agencies and entities.

Law Enforcement/Legal Proceeding We may disclose your information for law enforcement purposes as required by law or in response to a valid subpoena.

To Avert A Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

State Specific Requirements Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

Your Health Information Rights Although your health record is the physical property of the practice practitioner or the facility that compiled it, you have the following rights:

1. **Inspect and Copy** You have the right to inspect and copy medical information that may be used to make decisions about your care. You must submit a written request to the Privacy Official of this office in order to inspect and/or copy records of your health information. This includes medical and billing records, but does not include psychotherapy notes or other notes which doctors and practitioners are legally forbidden to disclose. You may request an electronic copy of your medical records and other health information we have about you. If you request an electronic copy of your medical records and other health information, we will attempt to provide such a copy within thirty (30) days of your request. If you request a hard copy of your health information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A third-party health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review by the third-party health care professional.

2. **Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial in writing within sixty (60) days.
3. **An Accounting of Disclosures** You have the right to request an accounting of disclosures for a period of up to six (6) years prior to the date on which the accounting is requested. This is a list of the disclosures we make of medical information about you not involved in treatment, payment, or our health care operations. We will provide one such accounting per year for free, but will charge a reasonable, cost-based fee if you request another such accounting within twelve (12) months of the prior accounting request.

Request Restrictions You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a visit that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless information is needed to provide you emergency treatment.

Request Confidential Communications You have a right to request that we communicate with you about medical matters by certain means or at certain locations. We will agree to the request to the extent that is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

A Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time.

Changes to This Notice We reserve the right to change this notice and the revised or changed notice will be effective for the information we already have about you as well as any information we receive in the future. The current notice will be posted on the practice's website and include the effective date. In addition, each time you visit the practice for treatment or health care services, we will have available a copy of the current notice in effect.

Complaints If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the main number and asking for the practice's Privacy Official or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses for Medical Information Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide such permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for reasons covered by your written revocation. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.



HIPAA Acknowledgement

I received a copy of the privacy policy from ENDO Diabetes & Wellness.

PATIENT NAME (LAST NAME, FIRST NAME)

PATIENT DATE OF BIRTH

Patient/Parent Signature

Date

I authorize ENDO Diabetes & Wellness to discuss information regarding my medical treatment with:

Spouse _____

Son(s) _____

Daughter(s) _____

Parent(s) _____

Other(s) _____

I authorize email communication and messages to be left on the answering machine/voicemail/text message of the phone number I provide to the practice from physicians, nurses or staff members of ENDO Diabetes & Wellness.

Patient/Parent Signature

Date